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JUN 2 1 2005

PURIO SERVICE COMMISSION

PUBLIC SERVICE COMMISSION

APPLICATION



This application has been prepared by the Commission to assist those utilities seeking approval to maintain less water storage than the average daily usage prescribed by 807 KAR 5:066, Section 5(4) or additional time to bring their water storage into compliance.

Name of Utility 25 STATE ROUTE 131 Address MAYFIELD KENTUCKY 42066 City State Zip Code 270 247-2222 Telephone Number _____/__ Area Code Number

I. BASIC INFORMATION

Name, Title, Address and telephone number of the person to whom correspondence or communications concerning this application should be directed:

Name:

Lowell Smith, Chairman

Address:

25 State Route 131

Mayfield, Kentucky 42066

Telephone Number:

270 / 247-2222

II. FILING REQUIREMENTS

An original and seven copies of the completed application should be sent to:

KENTUCKY PUBLIC SERVICE COMMISSION Executive Director's Office 211 Sower Boulevard Post Office Box 615 Frankfort, Kentucky 40601

All correspondence and responses to supplemental information requests should also be sent to this address.

Copies of this form may be obtained from the Commission's Office of Executive Director; or by calling 502 / 564-7167.

I have read and completed this application and to the best of my knowledge all the information contained in this Application is true and correct.

Signed:

Lowell Smith

Title:

CHAIRMAN OF THE BOARD

Date:

JUNE 13, 2005

Please answer all questions completely. Attach additional sheets, if necessary.

1. Provide the current average daily usage on the system. This should include all water sold, utility water usage, and unaccounted-for-water.

95,561

2. Provide the number, type, and capacity of any water storage tanks on the system.

ONE ELEVATED TANK, CAPACITY 50,000 GALLONS.

3. Provide a list of all large volume customers served by the system and the usage of each. Also state whether these customers have storage facilities and their capacity. Do not list customers who are purchasing less than 5 percent of the average daily usage. Also state which, if any, of these customers can be interrupted during emergencies.

MAYFIELD SEPTIC TANK AND CONCRETE..

EAST SIDE CONCRETE

4. Provide a list of critical health care facilities served by the system. Also state whether these customers have storage facilities and the capacity.

NONE

	5.	State whether the system produces or purchases its water. If part or
all of	the sy	stem's water is purchased provide the supplier's name and gallonage
purch	ased.	

ALL WATER IS PRODUCED BY OUR OWN SYSTEM.

6. If a supplier of the system has storage capacity or reserves storage capacity for the benefit of the system, state the capacity, the proximity to the master meter, and provide a copy of the purchase agreement. The purchase agreement should specifically mention the terms of interruptability.

WE PRODUCE OUR OWN WATER.

7. Provide a technical summary of operational deficiencies of the system that are known from experience or that are indicated by hydraulic analysis. This should include a list of outages that occurred in past years. The cause and duration of any outages, customer complaints, areas of low pressure, and the availability of standby equipment, repair equipment, and contractors.

WE HAVE A COMPLETE STANDBY WELL AND STANDBY EQUIPMENT TO CONTINUE OPERATION DURING REPAIR OR OUTAGE AT THE MAIN WELL. RICK'S ELECTRIC AND DALE BURNETT CONSTRUCTION COMPANY ARE LOCAL CONTRACTORS SERVING OUR SYSTEM. EACH HAS ADEQUATE REPAIR EQUIPMENT TO REPAIR ANY DAMAGED OR WORN EQUIPMENT.

IN 2004, WE HAD ONE OUTAGE ON JULY26th AT 6:00 AM. THE DURATION OF THE REPAIR WAS 3 HOURS. THE ESTIMATED WATER LOSS WAS 230,000 GALLONS.

WE HAVE HAD AN OUTAGE ON MAY 10, 2005. A MAIN RUPTURED AT 6:30 AM. THE REPAIR LASTED FOUR HOURS AND THE MAIN WAS REPAIRED. WATER LOSS ESTIMATE: 150,000 GALLONS.

8. Provide information on the growth potential for the system. This should include the number of new customers added per year, the possibility of extensive development (e. g., new subdivisions, businesses, etc.)

WE ADD A FEW CUSTOMERS PER YEAR.

9. Describe any planning to date, to bring the system into compliance with Commission regulations. This should included efforts to secure financing for the construction of additional storage facilities as well as the estimated compliance date. If no planning has taken place, explain why not.

AS IN THE PAST WE FEEL WE CAN SUPPLY OUR CUSTOMER 24 HOUR SERVICE BY PUMPING AGAINST RELIEF VALVES AS WE HAVE IN THE PAST, FOR 6 OR 7 DAYS AT A TIME FOR REPAIRS TO OUR TANK.



CALL 1-800-222-1811 FOR PICKUP OF ALL YOUR PAUL

PLEASE PRESS FIRMLY

PLEASE PRESS FIRMLY

PLEASE PRESS FIRMLY

UNITED STATES POSTAL SERVICE @



HOW TO USE:

COMPLETE ADDRESS LABEL AREA
Type or print return address and
addressee information in designated

Label 228 June 2004

From: HARDEMAN WATER DISTRICT 25 State Route 131 Mayfield, Kentucky 42066

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KENTUCKY PUBLIC SERVICE COMMISSION

Executive Director's Office 211 Sower Boulevard Post Office Box 615 Frankfort, Kentucky 40601

www.usps.com

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PAYMENT METHOD
 Affix postage, meter strip or PC postage label to area indicated in upper right hand comer.

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EP-14 JANUARY 2004 8 1995 USPS